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			V	alerie Gray	/	(Depositor's name)
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			М	arch 19, 2009		(Date)
APPLICATION NO.	FILING DATE	FILING DATE			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/349,573 07/08/1999			MINORU NAKAGAWARA		P-6461-1	6768
TITLE OF INVENTION	<b>I</b> : .					
	CUFF-BLOCK FOR	FINGER ARTERIAL B	LOOD PRESSURE MON	ITOR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO .	\$1510	\$0	. \$0	\$1520	03/30/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	1 ·		·
NASSER, ROBERT L.		3735	600-499000	,		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee letion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigned	e is identified below, the do	ocument has been filed for
(A) NAME OF ASSIG	•		(B) RESIDENCE: (CITY			
NEC MEDICAL	SYSTEMS, LTD.		Tokyo, Japan	•		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛭 Cor	poration or other private gro	up entity Government
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
5. Change in Entity Stat	tus (from status indicated	l above)		•		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Typed or printed name William S. Frommer

Authorized Signature

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.

March 19, 2009

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